

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3						
4	/					
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50	/					
TOTAL IND.	41					
TOTAL DEP.	38					
TOTAL CLAIMS	79					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
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TOTAL DEP.						
TOTAL CLAIMS						